PTO/SB/81 (01-09)

Approved for use through 11/30/2011. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY Application Num Filing Date	ber 10/811.327
Filing Date	70017,021
OR THINGS	March 25, 2004
REVOCATION OF POWER OF ATTORNEY First Named Inve	
WITH A NEW POWER OF ATTORNEY	Systems and Methods for Manag.
AND Art Unit	2166
HANGE OF CORRESPONDENCE ADDRESS Examiner Name	Khanh B. Pham
Attorney Docket	Number HART0001
hereby revoke all previous powers of attorney given in the above-ide	ntified application.
A Power of Attorney is submitted herewith.	
I hereby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	90407
l hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to transact all business in the United States Patent and Trademark Office conn	to prosecute the application identified above, and ected therewith:
Practitioner(s) Name	Registration Number
The address associated with the above-mentioned Customer Number.	ve-identified application to:
	ve-identified application to:
The address associated with the above-mentioned Customer Number.	re-identified application to:
OR The address associated with Customer Number: OR Firm or	re-identified application to:
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or  Individual Name	re-identified application to:
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or  Individual Name  dddress	re-identified application to:
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  If individual Name address  ity  State	
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or Individual Name ddfress	
The address associated with the above-mentioned Customer Number:  OR The address associated with Customer Number:  OR Firm or Individual Name diddress  ity State	
The address associated with the above-mentioned Customer Number.  OR The address associated with Customer Number:  OR Firm or Individual Name oddress  Ity State country  Leipnone Email Im the:  Applicant/Inventor.  OR Assignee of record of the entire interest. See 37 CFR 3.71.	
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or individual Name ddress  iity State seleptione Email and the Email and the Email and the Signe of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/99) submitted herewith or filed.  SigNATURE of Applicant or Assignee	
The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or individual Name diddess  iity  State  Gelprone Email  am the:  Applicant/inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTOSB99) submitted herewith or filed signature  SIGNATURE of Applicant or Assignee	
The address associated with the above-mentioned Customer Number.  OR The address associated with Customer Number:  OR Firm or Individual Name ddress  Ity State Ountry Leignone Email In the State Ountry Statement under 37 CFR 3.73(b) (From PTO/SB499) submitted herewith or filed Statement under 37 CFR 3.73(b) (From PTO/SB499) submitted herewith or filed Signature  Signature of Applicant or Assignee Signature	

This collection of information is required by 37 CFR 1.31, 1.92 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) to proceed an application. Confideritality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to base 3 minutes to complete mortaling parameters, preparing, and submitting the completes application from the USPTO. These they are pulsaping the "of the "off-the "off-ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

signature is required, see below \*Total of

1

forms are submitted